Vibrant Life Chiropractic and Family Wellness Center
1540 Hwy. 116 S, Sebastopol CA, 95472
Dr. Majid Zeinal: (707) 829-9009 Dr. Emily Zeinal: (707) 829-2911

Please Tell Us About Yourself

Name: (last) ____________________________ (first) ___________________________ (mi) ______________

Home Address (street) ____

(city) ____ (state) __________ (zip) __________________

Home Phone # (________) ________________________ Cellular # (________) ________________________

Email Address: ____

Birthdate: _______/_______/_________ Age: ________

Employer: _______________________________________ Occupation: _______________________________

Work Phone # (________) ________________________ Ext. # ____________

Male ___ Female ___ Single ___ Married ___ Partnered ___ Divorced ___ Widowed ___ Separated ___

Spouse's/Partner's Name: (last) ____________________________ (first) ______________________________

Employer: ____ Work Phone # (_______) __________________

Number of Children: _________ Names and Ages: ____

____

Emergency Contact: _________________________________ Phone # ____________________________

Whom may we thank for referring you to Vibrant Life Chiropractic? _________________________________

Reason for consultingVLC? ____

____

____

____

____

____

How has this affected your life (family, occupation, recreation, concern for future health, etc.)? _____________

____

____

____

____

Is there anything else you would like us to know? ____

____

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Personal Health History (Confidential)

Name: ____ Date: ________________________

The Body is designed to be healthy. Throughout life, events and experiences can occur which may have negatively affected your body's expression of health. The following questions will help uncover possible types of input that may impede your body's ability to fully express your health potential. The science of Chiropractic revolves around the detection and release of nerve interference and tension patterns stored in the spine and throughout the body called subluxations. Subluxations are caused by physical, chemical and emotional stresses to which the body cannot adapt. In order to understand the current state of your health, please be as thorough as possible with the following information.

Reason for seeking Chiropractic care:

To experience a new level of health and healing _____ To relieve my pain ____ To be more connected to my body ____

Not sure ____ Other reason ____

What is your level of commitment to yourself, your health, and wellbeing? High _______ Medium ______ Low ______

Previous Chiropractic Care: yes / no If yes, date of last adjustment __________ Name of Chiropractor _____________

Reason for ending care: ____

Are you currently receiving medical attention and if so for what? __________________________________

____

Please list any medications you are currently taking (prescription and non-prescription), reason for taking and for how long: ____

____

Please briefly describe your daily routine, including meals and snacks: _____________________________

____

____

What are your daily exercise habits? ____

____

What are your current play/relaxation activities? ____

____

How would you rate your current health? Poor Fair Average Good Excellent

How would you describe your family's health? Poor Fair Average Good Excellent

Are you healthier now than you were 5 years ago? Y / N Why? _________________________________

Do you know the history of your birth? Home _______ Hospital _______ Natural _______ Intervention _______

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Chiropractic Case History

Name____ Date____

1. Chief Complaint: ____

Location of Complaint: ____

Complaint began when and how? ____

____

____

2. Secondary Complaint:____

Complaint began when and how?____

____

____

Please circle the Quality of the complaint/pain: dull aching sharp shooting burning throbbing deep nagging other _______

Does this complaint/pain radiate or travel (shoot) to any areas of your body? Where?________________________________

Do you have any numbness or tingling in your body? Where? ____

Grade Intensity/Severity (0 = no pain, 10 = worst pain imaginable) 0 1 2 3 4 5 6 7 8 9 10

How frequent is complaint present, how long does it last? ____

____

What makes it better? ____

What makes it worse?____

What have you done for this complaint?: ____

____

Doctor's Notes:

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Your Past General Health

Below is a list of conditions which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these challenges can affect your overall course of chiropractic care. Check any of the following conditions you have had or still have:

__Pneumonia
__Small Pox
__Arthritis
__Whooping Cough
__Measles
__Mental Disorder
__Thyroid Problems
__Alcoholism
__Mumps
__Pleurisy
__Tuberculosis
__Cancer
__Type of Cancer______________ When______________
__Anemia
__Eczema
__Eating Disorder
__Influenza (flu)
__Polio
__Diabetes
__Rheumatic Fever
__Chicken Pox
__Epilepsy
__Shingles
__Aids/HIV
__Psoriasis
__Other______________

Doctor's Notes:

Check any of the following that you have on a **regular** basis, **especially during the last 6 months**:

__Neck pain
__Headaches
__Chronic colds/flu
__Shooting head pains
__Sinus trouble
__Loss of Smell
__Hay fever
__Asthma
__Loss of taste
__Tightness of throat
__Throat inflammation
__Ear aches
__Face flushed
__Twitching of face
__Loss of memory
__Fatigue
__Head feels too heavy
__Allergies
__Pins & Needles in arms or hands
__Fainting
__Loss of balance
__Ringing in ears
__Wear glasses/contacts
__Lights bother eyes
__Muscle spasms in neck
__Grating in neck
__Tightness of shoulder muscles
__Cold hands
__Chest pain
__Shortness of breath
__Heart pain
__Heart palpitations
__Mid back pain
__TMJ
__Gall bladder trouble
__Kidney trouble
__Heart attacks
__High blood pressure
__Low blood pressure
__Nervous stomach
__Ulcers
__Depression
__Inner tension
__Irritability
__Poor flexibility
__Cold sweats
__Liver trouble
__Indigestion
__Intestinal gas
__Low back pain
__Scoliosis
__Hot flashes
__Menstrual irregularity
__Menstrual cramps
__Infertility
__Sexual dysfunction
__Constipation
__Diarrhea
__Urinary dysfunction
__Bowel dysfunction
__Painful/swollen joints
__Slipped disc
__Pinched nerves in back
__Pins & needles in legs
__Swollen ankles
__Cold feet
__Pains in legs & feet
__Sleeping problems
__Seizures
__Weight gain/loss

Doctor's Notes:

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The following can contribute to the vertebral subluxation process. Please check any that apply (or applied) to you and if so when?

Physical Stress	***Emotional Stress***	***Chemical Stress***
_____ Birth trauma	_____ Relationships	_____ Environmental
_____ Slip/Fall	_____ Career	_____ Smoker
_____ Car accidents	_____ Family	_____ 2nd hand smoke
_____ Sports injuries	_____ Financial	_____ Caffeine
_____ Physical abuse	_____ Pace of life	_____ Alcohol
_____ Work Injury	_____ Quick temper	_____ "Diet" food intake
_____ Poor posture	_____ Holding in feelings	_____ Soda intake
_____ Heavy computer use	_____ Perfectionism	_____ Prescription drugs
_____ Repetitive movements	_____ Procrastination	_____ Junk food
_____ Prolonged driving/standing	_____ Depression	_____ Recreational drugs

What do you feel is the primary stress in your life? ____

What are the 5 healthiest habits you currently choose in your life? ______________________________________

____

Why is your health important to you (how will your life be better and what will you do once you reach your health goals)?

____

____

In our office we are not only interested in your health and wellbeing but also the health and wellbeing of your family and loved ones. Current research indicates that family health patterns often emerge throughout life that can offer useful information about the health of individuals. Please mention any health conditions or concerns you may have about your:

Spouse/Partner: ____

Children: ____

Parents: (including significant medical history) ____

Siblings: ____

Financial Information: Who is responsible for this account with Vibrant Life Chiropractic? _______________

At VLC we do not offer to diagnose or treat any symptom or disease condition. Our sole purpose is to analyze your system for subluxation patterns and help your body release them so it can more fully express its innate ability to heal. Wellness is a dynamic equilibrium between health and disease and exists when all organs of the body function at 100% under the direction of the nerve system and the Innate Intelligence of the body. If during your assessment a non-chiropractic finding arises, you will be informed and referred to an appropriate health care provider to serve you.

I, ____________________, have answered the above questions to the best of my knowledge. Based on the information I provided, I grant VLC, permission to assess, locate and release my subluxation patterns.

Your signature ____ Date ____________________